

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067899

1. Entity Name
TGK PALADIN ENTERPRISES, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90061 045 ***150.00

Principal Place of Business
12410 ROSE ST #48
SEMINOLE FL 33772

Mailing Address
12410 ROSE ST #48
SEMINOLE FL 33772

LUUJ6436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
28471 US 19 N.
Suite, Apt. #, etc.
509

3. Mailing Address
28471 US 19 N.
Suite, Apt. #, etc.
509

City & State
Clearwater FL
Zip
33761
Country
Pinellas

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Clearwater FL
Zip
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4. FEI Number
62-1820956
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KERN, TONY GLEN
12410 ROSE ST #48
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
Name: Kerns, Tony Glen
Street Address (P.O. Box Number is Not Acceptable)
28471 US 19 N., Suite 509
City: Clearwater FL Zip Code: 33761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Tony G. Kerns, President 2/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tony Glen Kerns 28471 US 19 N. Clearwater, FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony G. Kerns 2/20/01 (888) 567-9478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0373312

CR2E034 (10/00)